

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Southwest

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Adult Inpatient

Program Manager

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$1,518,477	Form A1 - FY23 Projected clients Served:	128
Form A1 - Amount budgeted in FY22 Area Plan	\$1,418,024	Form A1 - Projected Clients Served in FY22 Area Plan	112
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,327,480		128
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</p> <p>Most inpatient care for adult clients of Southwest Behavioral Health Center (SBHC) is provided through collaboration and contract with Intermountain St. George Regional Hospital in St. George, which serves clients 16 years of age or older. Clients of SBHC needing inpatient services are also served in other Utah hospitals. SBHC currently has contracts with Intermountain Healthcare which allows for use of inpatient services at all Intermountain inpatient psychiatric facilities and with Provo Canyon Behavioral Hospital, Huntsman Mental Health Institute (HMHI) and Salt Lake Behavioral Hospital.</p> <p>The SBHC Inpatient Utilization Coordinator and Case Manager, in conjunction with the Program Manager or Team Leader from the client's community, coordinates with the inpatient team to expedite the client's transition to less restrictive services. The coordinator and case manager assure that patients being discharged from the hospital have follow-up appointments with a therapist or prescriber within 7 days of discharge. In most cases the follow-up appointments have occurred within 2 business days of discharge. The follow-up provider then works with the client to develop plans for responding to the issues that caused the inpatient admission. If longer-term inpatient services are required, the client is referred to Utah State Hospital.</p>			
<p>Describe your efforts to support the transition from this level of care back to the community.</p> <p>SBHC operates Mountain View House, a residential supportive living, for clients that are transitioning back into the community. We assign a case manager and a therapist to work with the client on independent living goals. A client may transition from MVH into our temporary independent housing duplex when they have reached their independent living goals. Once in the duplex, the case manager will continue to help the client including applying for Section 8 housing and working with the housing companies in the area to help find permanent housing. If the client goes to independent housing upon</p>			

discharge from MVH, case managers will continue to provide support so that they are successful in the community.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

While programming remains at the same general level as in FY22, our projected costs have increased due to salary and benefit shifts, as well as a general upward trend in most other operating costs, including rates paid to our subcontracted network of providers.

Describe any significant programmatic changes from the previous year.

We expanded our Utilization Review team to include two additional case managers.

2) Children/Youth Inpatient

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$901,596	Form A1 - FY23 Projected clients Served:	76
Form A1 - Amount budgeted in FY22 Area Plan	\$772,316	Form A1 - Projected Clients Served in FY22 Area Plan	61
Form A1 - Actual FY21 Expenditures Reported by Locals	\$684,482	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	66

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Emergency inpatient care for Youth is provided at various private Utah hospitals. SBHC currently has contracts with Intermountain Healthcare which allows for use of inpatient services at all Intermountain inpatient psychiatric facilities. SBHC contracts with Provo Canyon Behavioral Hospital, Huntsman Mental Health Institute (HMH) and Salt Lake Behavioral Hospital. *We now also have a contract with a local youth inpatient facility (Vive), allowing us to keep youth in the area near their families while they are receiving treatment.*

The SBHC Youth Inpatient Utilization Coordinator, in conjunction with the Program Manager or Team Leader from the client's community, coordinates with the inpatient team to expedite the client's transition to less restrictive services. If longer-term inpatient services are required, the client is referred to Utah State Hospital.

Describe your efforts to support the transition from this level of care back to the community.

SBHC coordinates with clients and families and hospital UR coordinators to determine the level of care that the client needs once they are discharged. Once that level of care is determined, SBHC will coordinate with the family and providers to create a treatment plan. We will also work to schedule appointments for the client's first therapy and medical appointment post discharge.

SBHC continues to follow the client for 30 days post-discharge to ensure they are engaging in the appropriate level of treatment and their needs are being met. SBHC completes a DLA-20 after

discharge to identify if there are other areas of case management needed to create stability within the family structure.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

We have had a significant increase in our youth inpatient hospitalization cost due to the new facility (Vive) in our area. Because families are able to keep their children nearby for treatment, they are more willing to accept this level of care.

The state hospital has been unable at times to admit patients due to staffing issues and COVID causing us to look for alternative placements for youth in high need situations.

While programming remains at the same general level as in FY22, our projected costs have increased due to salary and benefit shifts, as well as a general upward trend in most other operating costs, including rates paid to our subcontracted network of providers.

Describe any significant programmatic changes from the previous year.

No significant changes.

3) Adult Residential Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$835,539	Form A1 - FY23 Projected clients Served:	40
Form A1 - Amount budgeted in FY22 Area Plan	\$719,352	Form A1 - Projected Clients Served in FY22 Area Plan	40
Form A1 - Actual FY21 Expenditures Reported by Locals	\$750,655	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	40

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Mountain View House is a 14-bed residential support facility located in Cedar City that provides 24-hour supervision, provided directly by SBHC. When appropriate, this service is an alternative to inpatient care. In the past, a large majority of the admissions have been direct admits from the Utah State Hospital. Due to the suspension of admits to the Utah State Hospital, Mountain View House has been used as an alternative placement. When beds are open and there is not an individual waiting on Utah State Hospital list, SBHC uses these open beds to place individuals who are civilly committed in the community who require more services than outpatient can provide.

For clients who have Medicaid, treatment services (assessment, therapy, medication management, case management, behavior management and psychosocial rehab) are covered by Medicaid. For clients who are unfunded and are committed or meet SMI Acuity, outplacement funds help offset the costs and make residential services possible when such services might not be available otherwise.

In addition to structure and supervision, the program focuses on helping clients build the independent living skills necessary to transition to a more independent setting. Each client is assessed upon admission and opened with SBHC. Clients are assigned to a therapist and seen by our medical team as well as a case manager. Services during the day are provided by our Clubhouse Model, Oasis House, operated by SBHC. Goals and plans are developed to assist clients in preparing for transition. Every month thereafter, each client's progress is assessed and plans are modified based on their needs. Residents are encouraged to take an active part in transition planning.

How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?

Access to care is assessed by highest acuity needs. [Weekly team meetings at the Cedar City main office, which include therapist, case manager, peer support and medical staff are held to discuss residents progress in treatment and continued need for this level of supportive services.](#)

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

[While programming remains at the same general level as in FY22, our projected costs have increased due to salary and benefit shifts, as well as a general upward trend in most other operating costs, including rates paid to our subcontracted network of providers.](#)

Describe any significant programmatic changes from the previous year.

No significant changes.

4) Children/Youth Residential Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$83,554	Form A1 - FY23 Projected clients Served:	4
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. [Please identify any significant service gaps related to residential services for youth you may be experiencing.](#)

For children and youth, SBHC contracts with selected private residential providers on a case-by-case basis. However, since Medicaid does not cover board and room, SBHC only contracts for the professional services components of residential care. Only a few residential providers which do not qualify as an IMD will accept this payment arrangement. Because SBHC is only paying for the professional services, no dollar amount or client count is reflected in youth residential care.

Placement within the residential continuum is based upon risk behavior, symptoms or functional impairment that cannot be safely addressed in a less restrictive setting and does not rise to the level of inpatient hospitalization.

SBHC works with the residential provider to plan for return to the community as soon as reasonably possible, given the risk behaviors, symptoms or functional impairment of the youth and the need to prepare a stable and supportive environment for the youth. SBHC, in coordination with the residential provider, will coordinate services to the family and local support in preparation for the youth's return.

How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.

Access to residential treatment is determined by level of risk to self and others. We typically try to access group services, individual and family therapy services and medication management before residential treatment. For youth, we also try to utilize IOP level services in St. George and Cedar City where available before accessing residential treatment.

Additionally, residential treatment is also usually identified after multiple inpatient hospital stays and use of wrap-around supports and high levels of local service utilization for mental health.

Most residential treatment occurs at the Utah State Hospital given limited access to other residential options. SBHC has a contract with Odyssey House for residential treatment. SBHC has access to all other residential treatment options in the state through state contracts with JJS and DCFS. These options are considered prior to USH admission.

In terms of transition back into the community, for the client in the Utah State Hospital, we hold team meetings prior to discharge with involved residential providers, parents, SBHC staff and other community partners to determine the needs of the client post residential stay. We hold follow-up team meetings after discharge from residential for as long as the family feels is necessary, but for a minimum of 3 months to ensure that the client is transitioning into the community successfully. For other residential placements, SBHC attends monthly team meetings with residential providers and one of the following agencies: System of Care, DCFS Post Adoption or JJS. The mental health services are then managed by SBHC after discharge.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

While programming remains at the same general level as in FY22, our projected costs have increased due to salary and benefit shifts, as well as a general upward trend in most other operating costs, including rates paid to our subcontracted network of providers.

Describe any significant programmatic changes from the previous year.

No significant changes.

5) Adult Outpatient Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$5,442,978	Form A1 - FY23 Projected clients Served:	2,925
Form A1 - Amount budgeted in FY22 Area	\$5,556,978	Form A1 - Projected Clients Served in FY22	2,925

Plan		Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$4,350,526	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	2,447
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>SBHC will continue to offer a full array of outpatient services to residents of the 5 county area.</p> <p>Services are provided directly by SBHC and through contractors. Outpatient services are offered primarily in the offices of SBHC and its contractors. However, when the needs of the client necessitate, services may be offered by telehealth or in non-traditional but confidential locations in the community.</p> <p>The array of services includes; mental health screening, psychiatric and mental health evaluation, psychological testing, treatment planning, individual, family and group therapy ,medication management, case management, group behavior management, peer support services, supported employment, personal services and skills development. A mental health screening is offered to all who present for services, regardless of their ability to pay. Those who meet the service criteria of the Center are brought into services. Others are assisted in accessing local resources to meet their needs.</p> <p>SBHC continues to increase the number of contracts with private outpatient providers. Most clients who present for services are triaged by SBHC. Most of these contractors have agreed to do their documentation within Credible, the SBHC EHR. This allows SBHC to do the utilization management required by Medicaid.</p> <p>Those clients (usually SMI) who need more of the continuum of services are treated directly by SBHC. The SBHC Primary Service Coordinators (Outpatient Mental Health Therapists) are responsible for the overall planning and assigning of services. Clinical processes have been designed to emphasize client participation in the planning of all treatments. While the medically necessary focus of ameliorating the symptoms of mental illness is an outcome of treatment, the focus of treatment goals and objectives is driven by each client's hopes within their Recovery. In cases of high risk or need of high volumes of services, a clinical team reviews each case on a regular basis, often weekly</p>			
Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.			
<p>High acuity clients are staffed on a weekly basis by a team including prescribers, therapists, case managers, peer specialists and employment specialists. In these team meetings progress is reviewed and assignments made regarding interventions and needed frequency of contact with the clients, which is usually daily. Most in-home or in-community contacts are handled by case managers, peer specialists and employment specialists. Where necessary the therapists will participate with in-home/in-community contacts. Due to the limited availability of prescribers and demands on their schedules, only occasionally will they provide in-home/in-community services.</p> <p>SBHC currently tracks the progress and outcomes of high acuity clients using several reports:</p> <ul style="list-style-type: none"> • Interventions provided that have prevented hospitalization • Timing of follow-up services post hospitalization. • Services provided to clients under civil commitment 			

<ul style="list-style-type: none"> Progress of clients with the OQ and DLA
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
<p>While programming remains at the same general level as in FY22, our projected costs have increased due to salary and benefit shifts, as well as a general upward trend in most other operating costs, including rates paid to our subcontracted network of providers.</p>
Describe any significant programmatic changes from the previous year.
<p>No significant changes.</p>
Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.
<p>SBHC runs a weekly report of all clients who are civilly committed. Program Managers review this report with their teams to assure that appropriate and regular services are being provided to these clients. Case Managers are assigned to reach out to clients who have not participated in treatment as anticipated and re-engage them in services. SBHC also conducts a monthly 'Commitment Board' in which civilly committed clients are invited to come in to review their progress and strategize next steps for moving off of commitment. The focus of the team meetings and the Commitment Board is to identify the least restrictive approach to treatment and identify the steps to be taken to help the client get released from civil commitment.</p>

6) Children/Youth Outpatient Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$3,442,567	Form A1 - FY23 Projected clients Served:	1,850
Form A1 - Amount budgeted in FY22 Area Plan	\$3,514,670	Form A1 - Projected Clients Served in FY22 Area Plan	1,850
Form A1 - Actual FY21 Expenditures Reported by Locals	\$3,169,999	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	1,783
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. <i>Please highlight approaches to engage family systems.</i>			
<p>SBHC will continue to offer a full array of outpatient services to residents of the 5 county area.</p> <p>Services are provided directly by SBHC and through contractors. Outpatient services are offered primarily in the offices of SBHC and its contractors. However, when the needs of the client necessitate, services may be offered by telehealth or in non-traditional but confidential locations in the community.</p> <p>The service array includes; mental health screening, psychiatric and mental health evaluation, psychological evaluations, treatment planning, individual, family and group therapy, medication management, case management, group behavior management, skills development and peer support.</p>			

The mental health screening is offered to all who present for services, regardless of their ability to pay. Those who meet the service criteria of the center are brought into services. Others are assisted in accessing local resources to meet their needs.

SBHC continues to increase the number of contracts with private outpatient providers. Most clients who present for services are triaged by SBHC. Most of these contractors have agreed to do their documentation within Credible, the SBHC EHR. This allows SBHC to do the utilization management required by Medicaid.

Those clients (usually SED) who need more of the continuum of services are treated directly by SBHC. Outpatient Mental Health Therapists are responsible for the overall planning and assigning of services. Clinical processes have been designed to emphasize client and family participation in the planning of all treatments. While the medically necessary focus of ameliorating the symptoms of mental illness is an outcome of treatment, the focus of treatment goals and objectives is driven by each client's hopes within their Recovery.

We are working on building a parent/family orientation twice a month that parents can attend to help them understand the process of therapy, the importance of parent involvement in treatment and also treatment expectations for parents and families.

A parent orientation power point was created in April 2022. We also created some short video clips to be posted on an SBHC website to give parents more information on how to engage in youth treatment. We are also working on creating a comprehensive resource packet for area services and have this available with a QR code for easy access.

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

Youth clients who are 6th through 12th grade in the Washington County area are assessed for qualifications and appropriateness for Intensive Outpatient services. Typically, clients who are in IOP are either transitioning from a hospital, State Hospital, residential seeking or are at risk for an out of home placement or hospitalization. Clients in SBHC's IOP program typically are in IOP level services for 6 to 12 months. Our IOP program is based in evidence based models of DBT, Seeking Safety and MRT. Additionally, we use a manualized relationship curriculum called Unmasking Sexual Con Games by Kathleen M. McGee and Life Skills by Sandra McTavish. We are partnered with Washington County School District to provide schooling onsite as well. Within the IOP programming we also provide weekly individual therapy sessions, family therapy sessions, peer support and medication management.

For clients who are too young for SBHC's IOP programming or have more behavioral vs. mental health needs, we offer IOP programming through Crimson Counseling or Utah Behavioral Services. We also partner with JJS Youth Services and DCFS Post Adoption Services to help identify and find resources for high needs youth and families in Washington County. In Iron County, IOP level services are contracted out to Utah Behavioral Health and Crimson Counseling.

The main outcome measure that we utilize is YOQ assessments. We provide DBT treatment and the trained therapists attend weekly DBT consultation groups. Some staff are trained to fidelity in TF-CBT. We also have staff trained in EMDR that attend monthly supervision and trainings.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No change greater than +/- 15%

Describe any significant programmatic changes from the previous year.

No significant program changes..

7) Adult 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	\$669,080	Form A1 - FY23 Projected clients Served:	333
Form A1 - Amount budgeted in FY22 Area Plan	\$602,577	Form A1 - Projected Clients Served in FY22 Area Plan	390
Form A1 - Actual FY21 Expenditures Reported by Locals	\$723,297	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	482

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of crisis services.

SBHC promotes the statewide crisis line to the public in Southwest Utah. When the Statewide Crisis Line, Huntsman Mental Health Institute (HMHI), receives calls from Southwest Utah, their crisis worker will contact MCOT to inform of the individual in crisis, advise a mobile response, or initiate a warm hand-off to SBHC's MCOT crisis worker. SBHC crisis workers are available 24/7.

With the addition of mobile response to adults, SBHC has been able to intervene more quickly and decisively in addressing crisis situations and implementing interventions such as immediate de-escalation, safety planning, actions plans, and alternative placements that will result in preventing hospitalization and residential placement. If individuals are not safe in their present residence/environment, MCOT crisis workers explore alternatives like relatives, friends, trusted neighbors, or local homeless shelters.

SBHC's crisis services work closely with local law enforcement (LE) agencies. Many calls for service/assistance are initiated by law enforcement directly to our MCOT crisis workers. When LE determines a situation is more mental health than criminal, they call MCOT crisis workers. MCOT crisis workers often relieve LE and work with the individual and/or family until they have the support/resources to overcome the crisis. If crisis services is actively guiding clients/consumers through

a crisis and LE is needed to respond, a request is made to Dispatch for CIT trained officers, if at all possible, so that the call can be handled in the most appropriate way and avoid the use of inpatient or incarceration whenever possible.

Crisis workers have authority to authorize inpatient stays and contracting hospitals are required to contact SBHC preferably prior to admission and if not, within 24 hours of admission. Crisis workers are expected to have a discussion with the calling facility to consider alternatives to hospitalization.

SBHC has DBT programming which includes phone coaching. Clients who are at higher risk of hospitalization are often referred for DBT services and encouraged to use the phone coaching resources according to the model. When phone coaching is used, clients are encouraged to use skills they have been taught to resolve crises rather than turn to inpatient resources.

We have broken ground on an Adult Receiving Center that will include a 23 hour crisis center, social detox and a 16 bed crisis unit. The building will be located in Hurricane and should take about 9 months to complete. The building will be called Southwest Behavioral Health Crisis Stabilization Center. SBHC is coordinating with community partners on this project.

Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.

SBHC MCOT documents crisis intervention services in our EHR system. Triage data is gathered via questions throughout the intervention services such as; individual's risk to self or others, individual's access to lethal means and how the individual responds to the crisis worker.

MCOT gathers information during the service that address the individual's substance use, support-system, mental health history and more. The individual in crisis is asked what they envisioned would happen if MCOT was not available, such as; calling law enforcement or going to the ER, jail or detention. At the end of the crisis intervention service the crisis worker documents this and where that individual actually ended up as a result of the resolution to that crisis.

Our EHR is designed to capture all data requirements from the spec, we then submit this data to SAMHIS through the state validator monthly.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No change greater than +/- 15%

Describe any significant programmatic changes from the previous year.

No significant changes.

8) Children/Youth 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	\$671,089	Form A1 - FY23 Projected clients Served:	334
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Form A1 - Amount budgeted in FY22 Area Plan	\$618,028	Form A1 - Projected Clients Served in FY22 Area Plan	400
Form A1 - Actual FY21 Expenditures Reported by Locals	\$583,740	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	389

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care (including access to a Crisis Line, Mobile Outreach, Receiving Center and In-Home Stabilization Services). Include if you provide SMR services, if you are not an SMR provider, how do you plan to coordinate with SMR providers in your region? For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at risk youth, children, and their families.

SBHC promotes the statewide crisis line to the public in Southwest Utah. SBHC's general phone lines provide an option for callers who feel they are in crisis to be routed to the statewide crisis line. When the Statewide Crisis Line, Huntsman Mental Health Institute (HMHI), receives calls from Southwest Utah, their crisis worker will contact MCOT to inform of the individual in crisis, advise a mobile response, or initiate a warm hand-off to SBHC's MCOT crisis worker. SBHC crisis workers are available 24/7. Does not address whether or not MCOT is available 24/7

For a client interested in SMR services, SBHC promotes the SAFE FAM number to the public in Southwest Utah. Huntsman Mental Health Institute (HMHI) will receive these calls and will contact SMR to inform of the family's need for services, advise a mobile response or initiate a warm hand-off to SBHC's SMR worker.

SBHC's crisis services work closely with local law enforcement (LE) agencies. Many calls for service/assistance are initiated by law enforcement. When LE determines a situation is more mental health than criminal, they call MCOT crisis workers. MCOT crisis workers often relieve LE and work with the individual and/or family until they have the support/resources to overcome the crisis. If crisis services is actively guiding clients/consumers through a crisis and LE is needed to respond, a request is made to Dispatch for CIT trained officers, if at all possible, so that the call can be handled in the most appropriate way and avoid the use of inpatient or incarceration whenever possible.

Crisis workers have authority to authorize inpatient stays and contracting hospitals are required to contact SBHC preferably prior to admission and if not, within 24 hours of admission. Crisis workers are expected to have a discussion with the calling facility to consider alternatives to hospitalization.

SBHC works in close coordination with the youth crisis centers in Iron and Washington counties. This close coordination has allowed for youth to receive treatment while remaining in their homes by having short stays during crises in the YCCs rather than being placed out of their homes in inpatient or residential settings.

In Washington County we have weekly meetings with all our partners to discuss difficult cases. Therapist, Program Manager and case managers attend regular team meetings with all partners. Those who have a client or families that are involved in Systems of Care attend weekly meetings for coordination purposes.

Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.

SMR utilizes the UFACET assessment to evaluate needs and barriers to safety and getting needs met. SMR also utilizes SBHC's own 10-question "Parent Pulse Sheet" self-reporting assessment to measure 5 areas of focus of parent-skills, 4 areas of focus of child-skills, and 1 area of focus of family-skills. These are administered at intake of services and every week thereafter throughout stabilization services to measure outcomes.

Our EHR is designed to capture all data requirements from the spec, we then submit this data to SAMHIS through the state validator monthly.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No change greater than +/- 15%

Describe any significant programmatic changes from the previous year.

No significant changes.

9) Adult Psychotropic Medication Management

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$1,457,755	Form A1 - FY23 Projected clients Served:	800
Form A1 - Amount budgeted in FY22 Area Plan	\$1,133,292	Form A1 - Projected Clients Served in FY22 Area Plan	700
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,210,221	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	759

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings*

SBHC has employed one full-time psychiatrist, a part-time psychiatrist, a contract psychiatrist for designated examinations, two full-time nurse practitioners and a part-time nurse practitioner serving adult clients.

SBHC provides Med Management services in Frontier counties via telehealth. telehealth has proven very effective, is more convenient and reduces costs for both clients and SBHC. Telehealth has made more prescriber time available in Iron County, while reducing travel time.

SBHC has made psychiatric consultations available to nursing homes when requested by the nursing home doctor.

SBHC continues to partner with local Primary Care and Family Physicians who provide ongoing medication management to individuals with chronic mental illness who are stable. SBHC offers and encourages consultation between SBHC physicians and community partners to support them as they care for these clients.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

While programming remains at the same general level as in FY22, our projected costs have increased due to salary and benefit shifts, as well as a general upward trend in most other operating costs, including rates paid to our subcontracted network of providers.

Describe any significant programmatic changes from the previous year.

No significant changes.

10) Children/Youth Psychotropic Medication Management

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$364,439	Form A1 - FY23 Projected clients Served:	200
Form A1 - Amount budgeted in FY22 Area Plan	\$307,608	Form A1 - Projected Clients Served in FY22 Area Plan	190
Form A1 - Actual FY21 Expenditures Reported by Locals	\$302,954	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	190

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.*

SBHC currently employs a part-time Child Psychiatrist who provides medication management, an adult psychiatrist that provides med-management to adolescents and adults and two full time nurse practitioners who see adults and children.

SBHC will continue its partnership with local Primary Care and Family Physicians to support them in providing ongoing medication management to youth who are stable enough to be managed by a Primary Care Physician. SBHC offers and encourages consultation between SBHC physicians and these community partners to support them as they manage the care of these clients.

SBHC continues to provide Med Management services in the Frontier counties via telehealth. This practice has proven very effective, is more convenient and reduces costs for both clients and SBHC. Post pandemic plan is to go to the Frontier Counties in-person, quarterly for better assessment and improve the client/provider therapeutic relationship.

SBHC will triage high acuity cases to have them scheduled earlier or if this is not an option, SBHC will

coordinate with previous providers, PCP, Community Clinics, or discharge hospital staff to maintain the client's medication regimen until they can be seen by a SBHC provider.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

While programming remains at the same general level as in FY22, our projected costs have increased due to salary and benefit shifts, as well as a general upward trend in most other operating costs, including rates paid to our subcontracted network of providers.

Describe any significant programmatic changes from the previous year.

No significant changes.

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$1,093,760	Form A1 - FY23 Projected clients Served:	260
Form A1 - Amount budgeted in FY22 Area Plan	\$895,000	Form A1 - Projected Clients Served in FY22 Area Plan	260
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,000,477	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	229

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Psychosocial Rehab (PSR) services are provided by SBHC within clubhouse settings. SBHC continues to pursue Clubhouse certification with the first certification site visit having taken place in FY20. PSR services, referred to as Skills Development Services (SDS) at SBHC, are provided in the context of work units in the work-ordered day found in the clubhouse model. This is designed to develop the ability to function fully, independently and productively in the community. SBHC will continue to participate in the UCN conferences and has completed Clubhouse training with Alliance House.

Select contractors also provide PSR where the contractor has a specialized capability of serving a client with a mental illness and co-occurring organic conditions such as TBI or MR.

Clients are assessed for level of independent functioning to determine which units and skills will be most useful to them in building independent functioning and productivity within the community. While guidance and encouragement is given to clients about which units/skills will be most useful to them, they are free to choose which units they will work in.

PSR services are not offered directly in the Frontier Counties. Historically, some clients have traveled to Cedar City or St George to receive these services. Clients who are from the Frontier counties who reside at Mountain View House participate in the PSR services available in Cedar City.

Psychoeducational services (vocation related) are being offered in all counties. Refer to the Employment section.

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

The mental health screening and assessment for all SBHC clients includes a review of the Utah Scale of Serious Mental Illness (SMI) criteria. Clients with a ICD/DSM diagnosis whose illness is resulting in serious and ongoing impairment in productivity (i.e. employment and/or education) and dependency on others to meet their needs of daily living (i.e. hygiene, financial management, transportation, etc.), qualify for psychoeducation and PRS. The therapist completing the intake assessment is able to make a referral directly to the case management team through the electronic health record which is then reviewed by the case management supervisor. These cases are then reviewed in a weekly adult treatment team meeting when a case manager is assigned who will then meet with the client and complete the Daily Living Activities 20 (DLA-20). The DLA-20 is then used to track the client's progress across the twenty life domains measured by the instrument. Client progress is also measured using the Outcome Questionnaire (OQ). Psychoeducation services are provided by an employment specialist to a subsection of SMI clients based on the client's interest in and capacity for gainful employment.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No change greater than +/- 15%

Describe any significant programmatic changes from the previous year.

Our efforts to certify our St. George program as a clubhouse were delayed by the COVID-19 pandemic, but will resume in FY23.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$1,051,693	Form A1 - FY23 Projected clients Served:	250
Form A1 - Amount budgeted in FY22 Area Plan	\$726,253	Form A1 - Projected Clients Served in FY22 Area Plan	250
Form A1 - Actual FY21 Expenditures Reported by Locals	\$747,081	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	171

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

SBHC provides youth day treatment programs in Washington County including an adolescent intensive outpatient program and summer day treatment program as a resource for youth with Severe Emotional Disturbance (SED). The program targets those youth at highest risk for out-of-home placement and possible school failure. Because of these programs, along with intensive family therapy, case management, aggressive safety planning, respite care and afterschool programs several youth have been maintained within their homes and community who might have otherwise been placed in residential or hospital care. Because of smaller numbers and resources in Iron County and in the

Frontier Counties, youth psychoeducation and psychosocial rehabilitation (skills development) is provided on an individualized basis.

SBHC offers ongoing after-school programs during the school-year in Iron and Washington Counties. These programs begin with evidence-based behavior management or skills development curricula, such as DBT, ARC, Overcoming Obstacles and "Why Try?". Group programming takes place at SBHC and within schools during school hours. IOP programming has been expanded within Washington and Iron Counties through a partnership with Utah Behavioral Health Services and Crimson Counseling which are more behavioral and skill based. Washington County Youth IOP programming for 6th-12th grade students is fully utilizing evidence based practices of DBT, Seeking Safety, Sexual Con Games and Life Skills programming.

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Clients are identified for Psychoeducation services through a parent report, therapist referral or referral from school counselors. We also identify clients for needed services through DCFS, JJS and Systems of Care referrals.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

While programming remains at the same general level as in FY22, our projected costs have increased due to salary and benefit shifts, as well as a general upward trend in most other operating costs, including rates paid to our subcontracted network of providers.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

13) Adult Case Management

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$851,660	Form A1 - FY23 Projected clients Served:	700
Form A1 - Amount budgeted in FY22 Area Plan	\$689,028	Form A1 - Projected Clients Served in FY22 Area Plan	620
Form A1 - Actual FY21 Expenditures Reported by Locals	\$741,751	Form A1 - Actual FY21 Clients Served as Reported by Locals	645

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.

At SBHC, all clinical team members qualified to provide case management are encouraged to participate in the assessing, linking, coordinating and monitoring activities that are case management.

SBHC also has staff specifically assigned as Case Managers. These case managers are trained by SBHC in their case management role, according to the Case Management Manual and certification

process designated by DSAMH. After completing the Case Management training and practicum hours, the Case Managers must take and pass the Case Management Certification test. A significant portion of case management takes place in community settings where case managers are helping clients access needed services and supports.

Initial determination for the need for case management services is made by the assigned Clinician or medical provider. If a designated case manager is necessary, a referral is made to the Case Management team.

Case Managers will then use the Daily Living Activities - 20 scale to assess clients and determine the level of need and the areas of focus for case management services.

Some case managers have specialized assignments in working with community partners, including mental health court, housing, transitional age youth ages 16-25 and Intermountain Alliance to support Selecthealth Medicaid clients in Washington County.

All case managers work directly by phone or face-to-face with community partners and community resources to help clients obtain the services and resources they need. They also coach clients in working with these partners and resources to help the clients become independent in their ability to access needed services and resources.

Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?

The mental health screening and assessment for all SBHC clients includes a review of the Utah Scale of Serious Mental Illness (SMI) criteria. Clients with a ICD/DSM diagnosis whose illness is resulting in serious and ongoing impairment in productivity (i.e. employment and/or education) and dependency on others to meet their needs of daily living (i.e. hygiene, financial management, transportation, etc.), qualify for case management services. The therapist completing the intake assessment is able to make a referral directly to the case management team through the electronic health record which is then reviewed by the case management supervisor. These cases are then reviewed in a weekly adult treatment team meeting where a case manager is assigned who will then meet with the client and complete the Daily Living Activities 20 (DLA-20). The DLA-20 is then used to track the client's progress across the twenty life domains measured by the instrument. Client progress is also measured using the Outcome Questionnaire (OQ). At any given time, approximately 1/3 of SBHC SMI clients in the St. George / Cedar City areas are assigned to a case manager, with priority given to those clients with the highest need, such as homelessness, high medical need, chronicity of their mental illness, etc.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No change greater than +/- 15%

Describe any significant programmatic changes from the previous year.

No significant changes.

14) Children/Youth Case Management

Pete Caldwell

Form A1 - FY23 Amount	\$608,329	Form A1 - FY23 Projected	500
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Budgeted:		clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$527,885	Form A1 - Projected Clients Served in FY22 Area Plan	475
Form A1 - Actual FY21 Expenditures Reported by Locals	\$548,550	Form A1 - Actual FY21 Clients Served as Reported by Locals	477
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.</p>			
<p>Case management includes assessing, linking, coordinating and monitoring activities that help clients access needed services and supports to facilitate their Recovery to the functional life goals they have. At SBHC, all clinical team members qualified to provide case management are encouraged to participate in the assessing, linking, coordinating and monitoring activities that are case management. SBHC believes that case management processes naturally occur in every clinical role and expect those staff to record those processes as such.</p> <p>SBHC has case managers who also fulfill other duties within the agency. The case managers are assigned to IOP programming, co-facilitators of groups and facilitators for family team meetings. They also coordinate our after-school programming and attend multiple community meetings to coordinate services.</p> <p>SBHC partners with JJS Youth Services case managers, DCFS Post Adoption workers and Systems of Care for client case management.</p> <p>Case managers are trained by SBHC in their case management role, according to the Case Management Manual and certification process designated by DSAMH. After completing the Case Management training and practicum hours, the Case Managers must take and pass the Case Management Certification test.</p>			
<p>Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?</p>			
<p>Eligibility is determined by an SBHC therapist. Clients for school-based case management services eligibility is determined by school counselors who refer clients based on frequency of visits to the counseling office, students who have been hospitalized, students that are struggling in class, and parents requesting additional supports for their child when an IEP or 504 is not in place or appropriate, in partnership with case managers/peer supports.</p> <p>The effectiveness of services is determined by clients self-report on the YOQ.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
<p>No change greater than +/- 15%</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			

No significant changes.

15) Adult Community Supports (housing services)

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$291,317	Form A1 - FY23 Projected clients Served:	45
Form A1 - Amount budgeted in FY22 Area Plan	\$269,500	Form A1 - Projected Clients Served in FY22 Area Plan	45
Form A1 - Actual FY21 Expenditures Reported by Locals	\$317,477	Form A1 - Actual FY21 Clients Served as Reported by Locals	41

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

SBHC owns supported living facilities in St. George and Cedar City.

In Washington County, a designated Housing Committee screens, evaluates, and prioritizes applicants using the following criteria:

- History of chronic homelessness
- Homeless with risk of becoming chronic OR with several barriers to housing
- Homeless (with no other options in foreseeable future)
- Homeless with ability to sustain/obtain housing with
- Homeless scoring highest on SPADT

SBHC continues to collaborate with private landlords/developers to increase housing options for individuals with serious mental illness and substance abuse disorders.

Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing? [Technical assistance is available through Pete Caldwell: pgcaldwell@utah.gov](mailto:pgcaldwell@utah.gov)

The process of determining a client's housing needs, including level of care, begins with their mental health screening and assessment. Clients with a serious mental illness (SMI) in need of housing are staffed by the housing committee according to the individual needs and circumstances of the client. Consideration is also given to how that client's presence might impact other clients in a given housing facility / program. This is both an objective and subjective process, based on the client's mental health assessment, history and the clinical judgement of the housing committee. Client progress is measured using the Daily Living Activities 20 (DLA 20).

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No change greater than +/- 15%

Describe any significant programmatic changes from the previous year.

No significant changes.

16) Children/Youth Community Supports (respite services)

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$420,462	Form A1 - FY23 Projected clients Served:	65
Form A1 - Amount budgeted in FY22 Area Plan	\$390,579	Form A1 - Projected Clients Served in FY22 Area Plan	59
Form A1 - Actual FY21 Expenditures Reported by Locals	\$418,141	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	54
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify how this fits within your continuum of care.</p> <p>SBHC provides various in-home and community support services such as the development of community based safety/crisis plans, respite care, parent skills training and behavior management planning. Safety planning is provided with the goal of helping keep homes stable and prevent out-of-home placements. Respite care provides caregivers relief from the demands of continuous care of a youth with mental illness. Parent skills development and behavior management planning is designed to give parents the skills and tools to establish structure, consistency and safety within their homes.</p> <p>SBHC provides scheduled and emergency respite services. Scheduled respite services are provided in 10 week increments which gives parents an opportunity to stabilize and prepare for when respite services will end. Emergency respite services are also provided to help clients avoid hospitalizations or improve family relationships, when a crisis occurs.</p> <p>SBHC also works with the family to identify natural and informal supports which can help support the youth and the parents well beyond the treatment episode.</p>			
<p>Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?</p> <p>Clients are eligible for respite services if they are at risk of out-of home placements, hospitalizations, or high utilizers of youth services programming. The effectiveness of services is measured by the client's ability to stay within the home setting safely.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p> <p>No change greater than +/- 15%</p>			
<p>Describe any significant programmatic changes from the previous year.</p> <p>No significant changes.</p>			

17) Adult Peer Support Services
Heather Rydalch

Form A1 - FY23 Amount Budgeted:	\$215,600	Form A1 - FY23 Projected clients Served:	50
Form A1 - Amount budgeted in FY22 Area Plan	\$193,000	Form A1 - Projected Clients Served in FY22 Area Plan	40
Form A1 - Actual FY21 Expenditures Reported by Locals	\$234,191	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	26
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>The Peer Specialists provide the services for which their experience and training qualify them in a unique way to help others with Recovery. These include sharing their own recovery story, teaching others about the Stress Response and Relaxation Response and helping them practice the relaxation response, helping others set recovery goals, face fears, overcome negative messages and thoughts, solve problems, and communicate effectively with healthcare providers.</p> <p>In addition to those that are certified, several employees with lived experience as mental health consumers also work in various roles within the Center. The peer specialists attend adult treatment team meetings and offer recommendations for peer support services when appropriate.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).			
No change greater than +/- 15%			
Describe any significant programmatic changes from the previous year.			
SBHC hired a Peer Support Coordinator. Their responsibilities will include the development of policy and procedures for peer support.			

18) Family Peer Support Services
Tracy Johnson

Form A1 - FY23 Amount Budgeted:	\$86,240	Form A1 - FY23 Projected clients Served:	20
Form A1 - Amount budgeted in FY22 Area Plan	\$109,480	Form A1 - Projected Clients Served in FY22 Area Plan	28
Form A1 - Actual FY21 Expenditures Reported by Locals	\$81,066	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	9
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.			

SBHC hired a Peer Support Coordinator. Their responsibilities will include the development of policy and procedures for family peer support. We are in the process of training staff as Family Peer Support Specialists. We anticipate that family peer support specialists will co-facilitating groups and providing peer support for clients. They will continue to partner and refer clients to the System of Care, DCFS, DSPD, HFW and DJJS Youth Services.

Describe how clients are identified for Family Peer Support Specialist services. How is the effectiveness of the services measured?

Youth eligibility is determined by the risk of an out-of-home placement per parental or therapist report. Clients who are engaged with multiple agencies are often staffed to determine if SBHC, JJS Youth Services, or Systems of Care would be the best fit as the peer support provider.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).

No change greater than +/- 15%

Describe any significant programmatic changes from the previous year.

SBHC will have three new certified FPSS in FY23.

19) Adult Consultation & Education Services

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$1,655	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$1,308	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,686	Form A1 - Actual FY21 Clients Served as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

SBHC provides consultation and education throughout the community through several venues. SBHC is an active member of Washington County's Community Mental Health Alliance. Within this coalition, SBHC provides ongoing education regarding the needs of community members with Serious Mental Illness, as well as the resources available through SBHC. SBHC staff participate in several other local community committees that target educating and supporting various community populations. These committees include, Local Interagency Councils, Emergency Preparedness Committees, Vulnerable Adult Task Force, Intergenerational Poverty Committees, REACH4HOPE Suicide Prevention Coalition, Homeless Coordination Committee, National Alliance for Mental Illness (NAMI) and other ad hoc committees.

SBHC now has five staff certified as Mental Health First Aid (MHFA) instructors. SBHC is conducting Mental Health First-Aid courses per year. Mental Health First-Aid courses have been taught to school personnel, other healthcare providers, law enforcement, and clergy.

Consultation services are provided to local nursing homes and Primary Care Physicians.

SBHC remains a committed partner with law enforcement in providing Crisis Intervention Team (CIT) training.. Each typically has 25- 40 officers enrolled. The course evaluations are overwhelmingly positive.

SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties., The goal of the coalition is to train over 50,000 residents in the QPR intervention. Over 11,000 have been trained since the start of the initiative.

SBHC participates in a coalition to support plural families who are exiting the FLDS faith and need mental health services. SBHC is working with contractors to provide services within the Hildale community.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No change greater than +/- 15%

Describe any significant programmatic changes from the previous year.

No significant changes.

20) Children/Youth Consultation & Education Services

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$1,655	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$1,308	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,686	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Consultation and education is a powerful intervention for clients of SBHC and their family members. Through these services, clinicians can re-engage or improve relationships with family members and allied agencies by providing education about mental illness, substance abuse and the recovery process. SBHC offers parenting courses that serve current clients and community members who are not open for services.

Consultation is provided to the Division of Child and Family Services, SUU Head Start, The Learning Center, Adult/Juvenile Court Systems, the Family Support Center, Children's Justice Center, JJS Youth Services, DCFS Post Adoption workers and the public schools.

SBHC also provides consultation to and receives consultation from the Systems of Care team. Working together, SBHC and the Systems of Care team collaborate on the most challenging cases which are involved with multiple DHS agencies.

SBHC now has four staff certified as Mental Health First Aid (MHFA) instructors. SBHC is conducting frequent Mental Health First-Aid courses. Mental Health First-Aid courses have been taught to school personnel, other healthcare providers, law enforcement, and clergy.

SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. The goal of the coalition is to train over 50,000 residents in the QPR intervention. Over 11,000 have been trained since the start of the initiative.

SBHC participates in a coalition to support plural families who are exiting the FLDS faith and need mental health services. SBHC is working with a contractor to provide services within the Hildale community.

SBHC is participating in a psychological consortium that will remain in place for the next 5 years. As part of this program, we will have a full time interning 4th year doctoral student working in Washington County and traveling to Iron County once a week to increase access to psychological testing.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No change greater than +/- 15%

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

21) Services to Incarcerated Persons

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$68,352	Form A1 - FY23 Projected clients Served:	50
Form A1 - Amount budgeted in FY22 Area Plan	\$47,800	Form A1 - Projected Clients Served in FY22 Area Plan	50
Form A1 - Actual FY21 Expenditures Reported by Locals	\$49,839	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	100

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

SBHC provides regular and on-call services to the jails of each county. When requested, SBHC staff evaluate prisoners who the jail suspects are dealing with mental illness. Frequently, these calls come when a client is on suicide risk and the jail is seeking guidance as to when the suicide watch can be discontinued. When appropriate, SBHC staff will recommend a course of action in assisting the prisoners with mental health needs and will help facilitate getting the needed services.

SBHC, with local partners, has operational Mental Health Courts (MHC) in Washington and Iron Counties. When requested, SBHC conducts assessments at Purgatory and Iron County Jails to see if persons are appropriate for MHC.

While Washington County employs their own Social Worker who provides therapy services within the jail, SBHC Staff run MRT groups at the jail as well as the MHC evaluations and Drug Court Evals.

Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?

Individuals are referred for services by Recovery Court or Mental Health Court to complete jail evaluations or family members will call to schedule the evaluation. How a client is able to follow the requirements of Recovery Court or Mental Health Court gives us an accurate measurement of success.

Describe the process used to engage clients who are transitioning out of incarceration.

We have case managers who work with parolees and AP&P to obtain release information. When they are released they are monitored to ensure they follow through with services and the requirements of the courts.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

While programming remains at the same general level as in FY22, our projected costs have increased due to salary and benefit shifts, as well as a general upward trend in most other operating costs, including rates paid to our subcontracted network of providers.

Describe any significant programmatic changes from the previous year.

No significant changes.

22) Adult Outplacement

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$9,979	Form A1 - FY23 Projected clients Served:	12
Form A1 - Amount budgeted in FY22 Area Plan	\$8,811	Form A1 - Projected Clients Served in FY22 Area Plan	11
Form A1 - Actual FY21 Expenditures Reported by Locals	\$11,821	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	11

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

SBHC coordinates closely with Utah State Hospital (USH) in order to facilitate the outplacement of clients of SBHC placed at USH as early as reasonably possible. SBHC's Mountain View House, a 24-hour residential support facility, makes the smooth and timely transition of USH patients back to the community possible. A significant portion of the Outplacement funds help with the operations of Mountain View House.

On occasion, clients from USH can be placed directly into supported living arrangements, such as

SBHC apartments, community apartments or with family members. In some of these cases, Center Outplacement funds have been used to help the patient get into the placement and receive the services necessary to make the placement successful. Funds may also be used to purchase medications that can be obtained in no other way, but are critical to maintain the client's stability in a community setting.

SBHC provides Outplacement support directly.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

This is just an estimate for funding this year.

Describe any significant programmatic changes from the previous year.

No significant changes.

23) Children/Youth Outplacement

Codie Thurgood

Form A1 - FY23 Amount Budgeted:	\$	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The philosophy of SBHC is to coordinate closely with Utah State Hospital (USH) in order to facilitate the outplacement of clients of SBHC placed at USH as early as reasonably possible. A Youth Services program manager serves as the USH Liaison for SBHC. Planning for transition out of USH begins at admission, or even prior to, when possible. SBHC continues to work with the family members or the custodial agency during the child's inpatient stay in order to prepare the home for the child's return. These families benefit the most from the use of Wraparound Facilitation to help the family create a Wraparound Team that will support the family when the child is discharged.

Before and after discharge, all of the possible services SBHC has are offered/provided to the child and family, with the goal of keeping the child safely in the home. When other resources are not available, Outplacement funds are requested to assure that the child and family are receiving all of the medically necessary services.

In some instances, it is medically necessary to place a child in a residential treatment program or foster home prior to coming back to the home. Outplacement funds have been used to help make such placements possible. These residential placements are monitored closely, with specific treatment goals to ensure that the placements are time-limited.

SBHC provides Outplacement support directly.

Describe any significant programmatic changes from the previous year.

No significant changes.

24) Unfunded Adult Clients

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$54,711	Form A1 - FY23 Projected clients Served:	200
Form A1 - Amount budgeted in FY22 Area Plan	\$51,459	Form A1 - Projected Clients Served in FY22 Area Plan	275
Form A1 - Actual FY21 Expenditures Reported by Locals	\$50,602	Form A1 - Actual FY21 Clients Served as Reported by Locals	200

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

SBHC uses State funds to support adults without funds in two ways. First, SBHC has made a commitment to the community to offer an initial screening to anyone who requests the service, regardless of their ability to pay. These screenings are offered as close to the time of the initial call as possible, often within one to two days. The screening includes a determination of mental health needs, including ensuring the client and others are safe, determining the available resources, matching needs and resources and facilitating the connection with those resources.

Second, SBHC uses state funds to support the services provided to clients who have SMI and have no resource to pay for those services. SBHC uses a sliding-fee scale to determine when, and how much clients will be asked to participate in the cost of their treatment. For clients with SPMI who are admitted into treatment, the Integrated Recovery Plan (treatment plan) dictates the services the client will receive, rather than the client's source of payment.

Describe [agency](#) efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.

SBHC Case Managers have always had a priority on helping clients who do not have any insurance apply for Medicaid or look to the Insurance Marketplace to see if they can get coverage. Maintaining Medicaid coverage requires client follow up, our case managers regularly assist in this process. Case Managers do their best to stay on top of eligibility requirements in order to best assist. There are some clients that are ultimately not eligible for coverage, and remain unfunded clients subsidized with state and county funding.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

No significant changes.

25) Unfunded Children/Youth Clients

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$32,826	Form A1 - FY23 Projected clients Served:	120
Form A1 - Amount budgeted in FY22 Area Plan	\$34,306	Form A1 - Projected Clients Served in FY22 Area Plan	180
Form A1 - Actual FY21 Expenditures Reported by Locals	\$33,734	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	120

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

SBHC uses State funds to support youth without funds in two ways. First, SBHC has made a commitment to the community to offer an initial screening to anyone who requests the service, regardless of their ability to pay. These screenings are provided in person or over the phone and are offered as close to the time of the initial call as possible, often within one to two days. The screening includes a determination of mental health needs, including ensuring the client and others are safe, determining the available resources, matching needs and resources and facilitating the connection with those resources.

Second, SBHC uses state funds to support the services provided to clients who have SED and have no resources to pay for those services. SBHC uses a sliding scale fee to determine when, and how much clients will be asked to participate in the cost of their treatment. For clients with SED who are admitted into treatment, the Integrated Recovery Plan (treatment plan) dictates the services the client will receive, rather than the client's source of payment.

Describe [agency](#) efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.

When individuals who are unfunded call SBHC for service, we complete a screening and provide services or refer them to the school counselors for a referral to the MHAP program. The MHAP program is a collaboration between SBHC and the Washington County School District which pays for up to 15 sessions of therapy at no cost to the individual. SBHC Case Managers have always had a priority on helping clients who do not have any insurance apply for Medicaid or look to the Insurance Marketplace to see if they can get coverage. Maintaining Medicaid coverage requires client follow up, our case managers regularly assist in this process. Case Managers do their best to stay on top of eligibility requirements in order to best assist. There are some clients that are ultimately not eligible for coverage, and remain unfunded clients subsidized with state and county funding.

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

26) Other non-mandated Services

Form A1 - FY23 Amount Budgeted:		Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
SBHC does not provide Other Non-Mandated Services.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No change greater than +/- 15%.			
Describe any significant programmatic changes from the previous year.			
No significant changes.			

27) First Episode Psychosis Services

Jessica Makin

Form A1 - FY23 Amount Budgeted:		Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan		Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals		Form A1 - Actual FY21 Clients Serviced as Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			

SBHC does not provide First Episode Psychosis Services.

Describe how clients are identified for FEP services. How is the effectiveness of the services measured?

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Describe any significant programmatic changes from the previous year.

28) Client Employment

Sharon Cook

Increasing evidence exists to support the claim that competitive, integrated and meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2

Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).

Following the Individual Placement and Support (IPS) model, SBHC Employment Specialists build and maintain relationships with employers and community resources within the 5-county area in order to better serve our employment clients. We administer an in-depth Employment Assessment with the client to gather meaningful and important background information about previous work experience, natural supports, goals, mental health/substance use history and medications. Employment Specialists work one on one with clients to create a job search plan and go out into the community to job develop at places that the clients are interested in working. IPS is a place then train model, meaning we do not require clients to train for a specific position before attempting to apply. During the job search process, we help clients with interview skills (conducting mock interviews), resume writing/building and any other skills that they feel they need to refresh as they apply and interview for jobs. The IPS model is very client driven, meaning that Employment Specialists meet the client where they are at and move forward together with the client in the driver seat.

The referral process for employment services and how clients who are referred to receive employment services are identified.

SBHC continues to follow the Individual Placement and Support (IPS) model in all 5 counties. One of the principles of IPS is the focus on competitive employment rather than transitional employment or sheltered workshops. This principle was one of the reasons that SBHC selected to follow the IPS model.

SBHC has 4 Employment Specialist positions. The Employment Specialists participate in weekly staff meetings with clinicians in order to promote the opportunities of employment for clients not yet referred and report progress of clients currently in the program. Employment specialists carry caseloads of individuals that are actively working towards competitive employment or [referral to](#) education that leads

towards competitive employment.

Employment Services are those activities provided by the Employment Specialists, specifically targeted at helping improve the vocational adequacy of clients and helping them obtain the competitive employment they desire. These services include: completion of an employment assessment; helping to identify career interests and path; identifying and obtaining necessary education or training; obtaining required certification (such as food handlers permits;) resume building; job searching; completing employment applications; training and practice with interviewing skills; introducing clients to employers; on the job coaching, such as problem solving with client and employer when challenges arise at work; navigating employee relations; linking to community resources (birth certificate, SS cards, Drivers license, homeless shelter, etc;), Benefits Counseling, helping to find transportation options; advocating for self and pursuing career advancement; and skill building.

Collaborative employment efforts involving other community partners.

The relationship SBHC has with Vocational Rehabilitation, DWS, DATC, Switchpoint (Homeless shelter), 5 County Association of Governments, Iron and Washington Chambers of Commerce and SWATC has been very positive and all have worked together to develop and implement employment plans with SBHC clients.

SBHC also continues to enjoy very positive relationships with employers who have caught the vision of the employment program.

Employment of people with lived experience as staff through the Local Authority or subcontractors.

SBHC has many positions filled with staff that have either received mental health services in the past and/or are currently receiving mental health services.

Evidence-Based Supported Employment.

SBHC will continue to follow the IPS Model.

29) Quality & Access Improvements

Identify process improvement activities:

Evidence Based Practices: In this section please describe the process you use to ensure fidelity to EBPs. Attach a list of EBPs in the attachment section.

SBHC utilizes DBT, TF-CBT, EMDR, CT-R, IFS and Seeking Safety. Trained staff attend supervision and consultation groups to ensure fidelity. Ongoing training in EBPs are offered to staff to help them maintain their proficiency.

Outcome Based Practices: Identify the metrics used by your agency to evaluate client outcomes and quality of care.

SBHC uses the following metrics to help determine outcome of treatment:

Reduction of distress scores with the OQ and YOQ. This is typically done on a case-by-case basis as recommended by the developer. Aggregated data proved by DSAMH is also analyzed.

Employment rate of clientele: The overall employment rate of clientele is compared with the employment rate of those who receive supported employment services.

Client Satisfaction: SBHC analyzes the results of the annual MHSIP surveys to determine areas of strength and opportunities for improvement.

Commitment Tracking: SBHC continues the process of running weekly reports of all clients on commitment, which indicates if the clients has received services as planned. If not, an assertive outreach is conducted to re-engage the client in the planned services. For the last several months SBHC has been able to assure that all committed clients have been seen on a regular basis.

Inpatient Tracking: SBHC also continues the process of tracking the treatment status of clients who recently had an inpatient stay. Those who are not engaged in services are assertively sought after in order to engage them in services.

ED Encounters: Beginning in FY20, SBHC worked with the Utah Health Information Network (UHIN) to begin receiving daily reports from the Clinical Health Information Exchange (CHIE) database. Consequently, SBHC has been able to identify the Emergency Department (ED) encounters of active clients within one day of the visit to the ED. SBHC analyzes both physical and behavioral health reasons for these ED visits. Where there is an identified opportunity to intervene and possibly prevent future visits, SBHC reaches out to these clients to offer additional services. SBHC also aggregates these individual daily reports into a single report so that patterns of ED utilization by clients can be identified and responded to.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming

SBHC has increased the amount of subcontractors that provide services to Medicaid clients. We have stream lined our intake process to shorten the timeframe that clients are able to access our full array of services. Clients are able to meet with a case manager during their first appointment. Groups are also available for clients to begin attending within their first week of services.

SBHC offers a paid internship program which allows us to recruit interns as well as maintain them as permanent employees. To retain employees at SBHC, we make sure our pay is competitive; trainings are offered and we provide a positive work environment.

Efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, Local Homeless Councils, and other partnership groups relevant in individual communities).

We are involved with all key community partners including: Multi-Agency Coordinating Committee in St. George and Cedar City, DHS System of Care Regional Advisory Council, The Alliance, Housing Committee, 5 County Association, Prevention Coalitions in all five Southwest counties and Roots for Kids. We participate in committees and respond to community requests for assistance.

Describe how mental health needs for people in Nursing Facilities are being met in your area

SBHC has a therapist assigned to a local nursing home and we also contract with an LCSW that is providing services within other nursing facilities. We also schedule services for the outpatient offices of SBHC as requested by the nursing facility. SBHC responds to emergency calls by the nursing facility as needed.

Telehealth: How do you measure the quality of services provided by telehealth? Describe what programming telehealth is used in.

SBHC began using telehealth services many years ago with Medication Management. SBHC prescribers use telehealth to complete visits with clients in Frontier county offices.

When COVID-19 demanded almost universal use of telehealth for outpatient treatment services, SBHC decided to purchase Zoom as the primary platform for telehealth. SBHC has found Zoom to be easily usable by clients and staff and provides dependable quality connections, even when under high demand.

Zoom will continue to be part of the service delivery platform that SBHC provides. Clients with transportation or health issues appreciate the convenience of receiving services via Zoom.

Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. Technical assistance is available through Codie Thurgood: cthurgood@utah.gov

SBHC has a close relationship with Family Healthcare (FHC), the local FQHC. Those clients who are expecting who do not have an established maternal medicine provider are referred to FHC. For all clients who are expecting who are on psychotropic medications, SBHC collaborates with the maternal medicine provider to assure safe prescribing practice. SBHC also works closely with the high-risk OB team at [St. George](#) Regional Medical Center to collaborate on cases of clients who have an SUD or SMI and a high-risk pregnancy. SBHC has a clinician who serves as SBHC's representative for maternal health and is trained in providing maternal health services.

SBHC also has a contract relationship with Roots for Kids, an early childhood specialty provider within the community. When SBHC needs specialized help with very young children, SBHC refers to or consults with Roots for Kids. SBHC has assigned clinical staff to represent SBHC in ongoing efforts to improve early childhood services.

Other Quality and Access Improvement [Projects](#) (not included above)

SBHC continues to use an Audit/Quality Improvement form within the EHR that gives a score based on Record Keeping and Qualitative Documentation. The audit is completed by Medical Record staff and is available for the individual (clinical staff) as well as the supervisor to review. This will also gives the ability to run reports to monitor progress with improvement.

Local Homeless Coordinating Council: Washington County is experiencing a fairly serious housing shortage, particularly for those with lower incomes which often includes those with mental illness and addiction. SBHC works closely with the LHCC to find options and improve housing opportunities for SBHC clientele.

Washington County Youth Coordination Meeting: Monthly staffings are held between DCFS managers, Washington County Youth Crisis Center Management, SBHC Youth Program Manager, SBHC Peer Support Specialists, SBHC Hospital Case Manager, JJS managers, and Systems of Care managers to identify and problem solve solutions for difficult, high risk cases.

30) Integrated Care

Pete Caldwell

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

SBHC is actively involved in the Intermountain Alliance with Intermountain Healthcare (ACO), Family Healthcare (FQHC) and the Association for Utah Community Health (AUCH).

In addition, SBHC and Family Healthcare are partners on 2 grants; the Utah State Opioid Response grant and the Utah – Promoting Integration of Primary and Behavioral Health Care (U-PIPBHC) grant.

Family Healthcare also provides services within a facility collocated with the SBHC Cedar office. SBHC and Family Healthcare mutually refer cases and coordinate the care of those with complex physical and mental needs. SBHC works with Family Healthcare to conduct case coordination and consult on potential referrals. SBHC provides clinical education to their staff regarding mental health and substance use issues when requested.

SBHC has also contracted services provided at the FQHCs in Enterprise and Escalante.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see as the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

The SBHC evaluation includes assessing the client's physical, behavioral and substance use needs. Clinicians are encouraged to help clients set recovery goals that can include physical, mental, or substance use conditions.

SBHC provides Case Management services to aid clients in accessing needed physical, mental or substance use services, regardless of the program with which the client may be involved.

SBHC has a close working relationship with Family Healthcare (FHC), the local FQHC. In addition to being co-located in Iron County, the SBHC and FHC meet frequently to staff cases.

Clients who are on psychotropic medications have their physical status checked on a regular basis, including height, weight, girth and vitals. This is to help assure that the health status of the clients are not being compromised by the possible side effects of the medications.

We are a specialty behavioral health service provider with integrated mental health, substance use and social determinants of health services. When necessary, clients will be referred to a medical provider or other specialty clinic. Case managers will work with clients to ensure they are attending needed medical appointments.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

As part of the initial assessment, SBHC therapists inquire about the client's physical health and current medical providers. This is then incorporated into the client's treatment plan.

SBHC Washington County Youth services offer water bottles and fresh fruit to clients who have in-clinic appointments. Above the snack area are posters designed to teach clients the benefits of water and healthy snacks on their mental health. Posters about health and wellness have also been created and are displayed in the lobby of the building.

Medical staff check BMI at each in-person appointment. Routine metabolic monitoring on clients with high risk medication and coordination with PCP as needed. Discuss routine health concerns, diet, exercise, caffeine intake and education on health lifestyle with clients. Assist clients in scheduling vaccinations and routine appointments with their PCP. We also provide dietary and diabetic consultation. Close coordination with case managers is practiced to ensure needed follow up for clients and assistance for those needing to be established with a medical 'home'.

Staff who work at SBHC residential programs attended a Well Body Training in April. The training provides a curriculum on helping clients determine what well body goals they want to achieve, assists them in creating SMART goals and utilizes group interaction to set these goals.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

The Recovery/Life Goals of many SBHC clients includes improvement in overall wellness and overcoming health problems. SBHC therapists, case managers, peer specialists and medical providers help clients develop their own individual plans for addressing health concerns and meeting health related goals.

The therapists inquire about their clients physical health regularly and refer clients to Case Management to help coordinate care with outside providers as needed. Many SBHC clients attend the Diabetes Clinic, get help with Hep-C etc. SBHC Case Managers help facilitate appointments and attend those appointments with clients to help coordinate care between the SBHC medical department and other physical health providers. They also work with the Diabetes Clinic in getting insulin injections prefilled and help clients monitor their glucose levels.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a nicotine free environment as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.

Smoking status is always assessed during the initial evaluation with clients. If smoking client's express an interest in quitting, SBHC offers resources to help them quit, including referrals to Way-to-Quit

SBHC has peer specialists who have been trained in the delivery of the smoking cessation services.

SBHC maintains signage in and around the immediate premises of all our treatment buildings. We will also enforce the requirement when staff see someone smoking by asking them not to smoke around our buildings.

Describe your efforts to provide mental health services for individuals with co-occurring mental health and autism and other intellectual/developmental disorders. Please identify an agency

liaison for OSUMH to contact for IDD/MH program work.

SBHC may provide in house services to those individuals that are dually diagnosed, depending on severity and services needed. SBHC does not provide ABA services, therefore, SBHC also has contracts with providers who specialize in the treatment of individuals with co-occurring mental health, autism and/or intellectual/developmental disorders. These providers currently include Crimson Counseling, Utah Behavior Services, Summit Behavior Services and Chrysalis. The first three providers listed above also have contracts with Utah Medicaid under the Autism waiver. This means that SBHC is able to refer those clients with suspected co-occurring mental health and autism for evaluation and treatment. Where there are co-occurring disorders, these providers are uniquely qualified and funded to treat both the mental illness and the autism. SBHC also uses these providers to treat co-occurring mental illness and other organic conditions, such as TBI. Chrysalis is uniquely qualified to treat mental illness and IDD.

Due to the increasing numbers, SBHC has specifically assigned a double board certified psychiatrist to treat the clients with co-occurring conditions at the Chrysalis facilities in St. George and Cedar City. SBHC provides in-office medication management for co-occurring diagnosis in other DSPD facilities in the five counties.

Debbie Fischer is our agency liaison.

31) Children/Youth Mental Health Early Intervention

Leah Colburn/Tracy Johnson

Describe the Family Peer Support activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

SBHC hired a Peer Support Coordinator. Their responsibilities will include the development of policy and procedures for family peer support. We are in the process of training staff as Family Peer Support Specialists. We anticipate that family peer support specialists will co-facilitating groups and providing peer support for clients. They will continue to partner and refer clients to the System of Care, DCFS, DSPD, HFW and DJJS Youth Services.

Include expected increases or decreases from the previous year and explain any variance over 15%.

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

No significant changes.

**Do you agree to abide by the Mental Health Early Intervention Family Peer Support Agreement?
YES/NO**

Yes

32) Children/Youth Mental Health Early Intervention

Leah Colburn/Nichole Cunha

Describe the *Mobile Crisis Team* activities you propose to undertake and identify where services are provided. *Please note the hours of operation.* For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

Please refer to the section Children/Youth 24-Hour Crisis Care for this information.

Include expected increases or decreases from the previous year and explain any variance over 15%.

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

No significant changes.

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

Please refer to the section Children/Youth 24-Hour Crisis Care for this information.

33) Children/Youth Mental Health Early Intervention

Leah Colburn/Scott Eyre

Describe the School-Based Behavioral Health activities you propose to undertake. **Please describe** how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

Garfield, Beaver and Kane Counties are providing school-based services directly through their own funding.

Therapists reach out by phone to family members coordinating with them and encouraging them to participate in their child's treatment. SBHC frequently participates in parent – teacher meetings and IEP meetings with the families.

SBHC continues to provide School Based Mental Health (SBMH) services regularly in Washington and Iron counties.

Include expected increases or decreases from the previous year and explain any variance over 15%.

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services **for the upcoming school year**. (Please email Leah Colburn lacolburn@utah.gov a list of your FY23 school locations.)

There are no significant programmatic changes. The list that was sent to Leah last year is still current.

Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to, including their email.

Working with the school districts, SBHC gathers and report on:

- Grade point average
- Office disciplinary referrals
- Absenteeism
- DIBELS- Washington County (dynamic indicators of basic early literacy skills)

34) Suicide Prevention, Intervention & Postvention

Carol Ruddell

Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and align with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.

SBHC has partnered with the REACH4HOPE Coalition operating under the Communities That Care model and, facilitated by a prevention specialist dedicated to suicide prevention. Deeply concerned about the suicide rates in southwest Utah, a number of community members representing several service organizations and citizens at large, including family members of individuals who completed suicide, convened in 2012 to identify strategies of prevention (reducing risk), intervention (responding to intent), and postvention (responding to completion) as related to suicide within the community. The community members organized themselves as the REACH4HOPE Coalition with the mission of preventing suicide in southwest Utah and assisting those who have been impacted by suicide.

Prevention: SBHC had adopted the QPR (Question-Persuade-Refer) program as a primary strategy for preventing suicide. [Parent Education nights, social media postings and campaigns, community walks and health fairs.](#)

Intervention: In partnership with the REACH4HOPE Coalition, every two years SBHC surveys all licensed therapy providers in SW Utah to determine which can and will provide suicide intervention services. This list is provided to all QPR gatekeepers and partners so that those identified with suicidal ideation can get into treatment. SBHC is one of the providers in this list. The most recent iteration of this process was completed in April 2020.

Postvention: SBHC partners with the school districts, REACH4HOPE Coalition and other organizations that are involved with postvention activities. With most suicides of youth, the school districts contact SBHC the day of the incident to arrange for SBHC to be onsite and help the districts deal with trauma and initial grief work that students may have. Other organizations, like law enforcement will also reach out to SBHC for help in supporting suicide survivors. SBHC and REACH4HOPE have created suicide survivor kits that are given to survivors that includes helpful information about dealing with suicide, how and where to ask for help and other items that will help with comfort. Whenever there is the suicide death of a client or family member of a client, it is standard procedure for the 'closest' SBHC clinician to reach out to the family to offer support and services.

Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:

1. Suicide Prevention 101 Training
2. Safe & Effective Messaging for Suicide Prevention
3. Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer (QPR), Mental Health First Aid (MHFA), Talk Saves Lives or Applied Suicide Intervention Skills Training (ASIST)

Teresa Willie is trained in all of these areas.

Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.

The REACH4HOPE Coalition offers the following for suicide post-vention

1. Comfort bags to families who have suffered a suicide loss including:
 - a. Resources for grief and bereavement counseling
 - b. Information regarding clean-up services following a death in the home
 - c. Comfort items
 - d. Information about loss support groups & healing conversations
 - e. Personalized note cards from coalition members
2. Comfort bags for attempt survivors including
 - a. Comfort items
 - b. AFSP resources
 - c. Local provider information
 - d. Personalized note cards from coalition members.
3. Gun locks for individuals who need to secure firearms
4. Gun safes for individuals who need to secure firearms (there is an application for these)
5. Work with the Washington County School District Crisis Team to implement research-based protocols following the death of a student/teacher/staff at the schools.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, "N/A" below.

N/A

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

Implementation:

- Street flags on St. George Boulevard during May (mental health month)
- Digital Billboard on I-15 May 9 – July 9
- Digital Billboard at Intermountain May-June
- Digital Billboard SG City, corner of Boulevard and Bluff May-June
- Social media posts focused on senior population specific to Southern Utah.
- Radio Ads – Cherry Creek Media May-June
- Radio Show – Cherry Creek Media May 9th to promote press conference
- Press Conference – Wed. May 11th at 2pm at Southwest Behavioral Health Center Key Leaders speaking including Mayor Michelle Randall and others

Sustainability:

- Vinyl Banners for community events including senior games, health fairs, etc.
- T-shirts for community events
- Street flags will be used periodically throughout the year (Suicide prevention month)
- Pop up banner to be used at community events
- We will continue to purchase media packages for radio

Our grant targets the senior population. We will continue to reach out to the senior population in our area through media outlets, Senior Sampler (senior publication), events targeting seniors, caregivers of seniors, social media.

35) Justice Treatment Services (Justice Involved)

Thom Dunford

What is the continuum of services you offer for justice involved clients and how do you address reducing criminal risk factors?

We review and address risk in the initial evaluation. Clients are placed in the appropriate level of care. We have IOP level services for clients to provide dual diagnosis treatment. For youth we also provide schooling through the Washington County School District. By providing all services on-site at SBHC we reduce criminal risk by increasing structure and supervision. If a client's criminal or substance use needs are not appropriate for IOP level services, we look at utilizing Odyssey House as a residential option. If clients need lower-level services, we provide individual therapy and family therapy 1-2 times per week. We also provide MRT classes. We provide a full continuum of services for clients participating in MH Court. Participants may receive case management, therapy, employment services, day treatment, housing, benefits assistance and coordination with court personnel.

Describe how clients are identified as justice involved clients

Typically, clients are identified as justice involved by referrals from JJS probation officers or local Judges.

How do you measure effectiveness and outcomes for justice involved clients?

Effectiveness is typically measured by decreases in substance use measured by drug testing done either weekly or bi-weekly, in addition to YOQ/OQ measurements. We also utilize DLA-20 to measure improvements in multiple areas of the clients life. Lastly, we use probation termination as an outcome measure.

Identify training and/or technical assistance needs.

None at this time.

Identify a quality improvement goal to better serve justice-involved clients.

We are working to create more evidenced-based practices and training - utilizing DBT, Seeking Safety and MRT both individually and in group settings. The goal is to help all peer support staff and therapists become trained in these modalities.

Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.

We have weekly meetings with all of the above agencies in Washington County and regular team meetings with the above stakeholders as needed.

Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, DJJS, Juvenile Courts, and other agencies.

We have weekly meetings with all of the above agencies in Washington County and regular team meetings with the above stakeholders as needed.

36) Specialty Services

Pete Caldwell

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. If not applicable, enter NA.

Safety Net funding is passed through SBHC to Cherish Families. Cherish Families determines which individuals qualify for the services by following a vetting process. Those that qualify for Safety Net Funding are referred to a local provider that SBHC has contracted with for services. These providers administer the OQ/YOQ and use this to measure the effectiveness of their services.

37) Required attachments

- **Policies and procedures for peer support and family peer support, including peer support supervision, family peer support supervision, and involvement at the agency level.**
 - **SBHC does not have these created but is working on it.**
- **List of evidence-based practices provided to fidelity.**
 - **EMDR, DBT, TF-CBT, CT-R, IFS and Seeking Safety.**
- **Policies for improving cultural responsiveness across agency staff and in services**
 - **Policy added to document folder**
- **“Eliminating Health Disparity Strategic Plan” goals with progress.**
 - **SBHC Health Disparities Goals and Action Plan**
- **Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.**
 - **Policy added to document folder**